BCPharmaCare Newsletter

Published by PharmaCare to provide information for British Columbia's community pharmacists.
Please circulate among dispensing staff.

Interim Solution for April 1 to September 30, 2006

The January 1, 2006, change in capitation rates and automation of payment for services to long-term care facilities that we announced in our newsletter of December 21, 2005, resulted in some unanticipated issues.

Difficulties arose in regard to:

- Dispensing on a 35-day card. This could mean that no drugs are dispensed to a patient within a calendar month, resulting in no capitation fee payment for the patient.
- Capitation payments being made for a patient only if a PharmaCare Plan B benefit had been dispensed to them during the month.

The British Columbia Pharmacy Association (BCPhA) and PharmaCare recognize that the January changes were intended to improve reimbursement to pharmacies for the services to long-term care facilities and we are actively discussing the issues.

PharmaCare and the BCPhA have agreed to an interim solution that will be in effect from **April 1** to **September 30, 2006**, as follows:

- For the interim period, payment will return to the "per occupied bed" basis.
- Pharmacies will submit claims for monthly capitation fees using the same PharmaCare invoice form and procedures that were in place before December 2005.
  - For detailed procedures, please refer to the PharmaCare/PharmaNet: Policies and Procedures manual, Section 6.2 available on the PharmaCare website at www.health.gov.bc.ca/pharme/generalinfo/policy/index.html
  - For additional PharmaCare invoice forms, please contact the PharmaNet HelpDesk at Health Insurance BC using the usual pharmacy telephone lines.
- The rate during the interim period is the agreed upon increase to $35 per occupied bed, per month, in a licensed long-term care facility.
- Please submit your fully completed invoices (including pharmacy name, code, number of beds and dollar amount) promptly after the close of each month. Please submit to **PharmaCare, P.O. Box 9655 Stn Prov Govt, Victoria BC V8W 9P2**.
- For the months of May, June and July 2006, pharmacies that claim Plan B payments will need to provide PharmaCare with reports of Personal Health Numbers (PHNs) of all residents in the long-term care facilities they serve. These reports should be submitted as soon as possible after the end of the month.

  These reports will not be used for payment or audit purposes, but are necessary so that we can analyze the discrepancies that emerged under the automated system. Timely filing of these reports will enable PharmaCare and the BCPhA to assess and resolve the issues.

continued on page 2...

Submitting Long-Term Care PHN Reports

Please submit reports by e-mail to Pharma@gov.bc.ca using the Microsoft Excel™ form or Microsoft Word™form posted with this newsletter on the PharmaCare website www.health.gov.bc.ca/pharme/newsletter/index.html. In the e-mail subject line, please enter "LTC PHN Report" followed by your pharmacy code.

Notes: If you do not have Microsoft Excel or Word, please fax completed reports to PharmaCare at 250-952-2790. Please fax the information only if you cannot send it electronically.

Important: If, as a result of the new payment system, your pharmacy's Plan B payment for January and/or February 2006 was less than your December 2005 payment, please send an e-mail to the Director, PharmaNet and Evaluation at PharmaCare (Pharma@gov.bc.ca) to request a review. We will consider each pharmacy's payment circumstances on a case-by-case basis.

We thank pharmacies for their patience as we work towards a permanent solution.

The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.